

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 044 \*\*\*\*61.25

**DOCUMENT # N99000002535**

1. Entity Name  
**TALA CAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O FIRST COAST MGMT CO  
3617 CROWN PT RD #8  
JACKSONVILLE, FL 32257**

Mailing Address  
**C/O FIRST COAST MGMT CO  
3617 CROWN PT RD #8  
JACKSONVILLE, FL 32257**



2. Principal Place of Business  
**4213 County Rd 218  
Suite, Apt. #, etc.  
Suite 1**

3. Mailing Address  
**P.O. Box 949  
Suite, Apt. #, etc.**

04072006 Chg-NP CR2E037 (11/05)

City & State  
**Middleburg, FL**

City & State  
**Middleburg, FL**

4. FEI Number  
**59-3574171**

Applied For  
Not Applicable

Zip  
**32068**

Country  
**US**

Zip  
**32068**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCKLE, KATHRYN  
C/O FIRST COAST MANAGEMENT CO  
3617 CROWN POINT RD #8  
JACKSONVILLE, FL 32257**

Name  
**Vina C. Delcomyn**

Street Address (P.O. Box Number is Not Acceptable)  
**4213 County Rd. 218**

**Suite 1**

City  
**Middleburg**

FL Zip Code  
**32068**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ABOOD, MARK  
9307 SAN JOSE BLVD  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SIMEK, WILLIAM  
4018 CORRENTES CT E  
JACKSONVILLE, FL 32217** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MOONEY, SANDRA  
2827 CASA DEL RIO TERR.  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP Abboosh, Tracy  
3013 Beauchere Oaks Court  
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Allen, Lamar  
2818 Casa Del Rio Terrace  
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Margol, Andrew  
9483 Wexford Road  
Jacksonville, FL 32257** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**Tracy Abboosh, Tracy Abboosh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-4-06**  
Date

**(904) 739-1497**  
Daytime Phone #